2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#740992

FILED Jun 23, 2009 Secretary of State

Entity Name: STETSON BAPTIST CHURCH, DELAND, FLORIDA

urrent P	rincipal Place of Business:	New Principal Place of Business:
	INNESOTA AVE FL 32720	
urrent N	lailing Address:	New Mailing Address:
	INNESOTA AVE FL 32720	
accordan	: 59-6031891 FEI Number Applied For (ice with s. 607.193(2)(b), F.S., the corporation I Address of Current Registered Age	did not receive the prior notice.
	, THURMAN	nt. Nume and Address of New Registered Agent.
217 CAM	BRIDGE AVE FL 32724 US	
	e of Florida.	r the purpose of changing its registered office or registered agent, or both,
IGNATO	Electronic Signature of Registere	ed Agent Date
		ed Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
	Electronic Signature of Registere	-
FFICER: le: ame: ldress:	Electronic Signature of Registere S AND DIRECTORS: D () Delete SKEEN, DR. MAX 1901 N. LEAVITT AVE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:
FFICER: le: lme: dress: ty-St-Zip: le: lme: dress:	Electronic Signature of Registere S AND DIRECTORS: D () Delete SKEEN, DR. MAX 1901 N. LEAVITT AVE ORANGE CITY, FL 32763 D () Delete WEAVER, MR. DOUG PO BOX 3485	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
FFICER: me: dress: y-St-Zip: le: me: dress: y-St-Zip: le: me: dress:	Electronic Signature of Registere S AND DIRECTORS: D () Delete SKEEN, DR. MAX 1901 N. LEAVITT AVE ORANGE CITY, FL 32763 D () Delete WEAVER, MR. DOUG PO BOX 3485 DELAND, FL 327213485 C () Delete BARROW, THURMAN 1217 CAMBRIDGE AVE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THURMAN BARROW MR 06/23/2009